

City of Alexandria, Virginia
Department of Real Estate Assessments

2006
Request for Review
Of Real Estate Assessment

INSTRUCTIONS FOR FILING

The purpose of this form is to request a review of your assessment by the staff of the Department of Real Estate Assessments. If you feel your property is appraised above or below the fair market value, or that your assessment is not equitable with surrounding properties, or is otherwise erroneous, you may file this form.

Be as specific as possible as to why you feel that your assessment is 1) above or below fair market value and/or 2) inequitable when compared to like surrounding properties. If you are aware of specific sales which are comparable to your property, or any unusual conditions which affect the fair market value, please include these with your review so that we may consider them in the review process. Sales for your assessment neighborhood may be viewed on our website at alexandriava.gov/realestate. When filling out the form please include a telephone number(s) where you can be reached between 8:00 a.m. and 5:00 p.m., Monday - Friday. It is necessary for our office to have this information in order to set up an appointment for a physical inspection or for discussing the appraised value. All requests for Review of Assessment must be typed or printed legibly on an original form obtained from our office or downloaded from the web site. Use a separate Request for Review form for each parcel. **Property owners, agents and/or representatives are required to submit all data that supports their reason for a request for review when this form is filed.** Completed Request for Review of Real Estate Assessment forms must be returned to the Department of Real Estate Assessments no later than **April 1**. Only those forms received in the Department of Real Estate Assessments or postmarked by the United States Postal Service no later than **April 1** will be accepted.

If you are an agent for the property owner, you must provide proper authorization from the property owner (not the tenant) to act on their behalf for the current assessment year. You may request instructions from the Department of Real Estate Assessments to ensure your submission of an acceptable authorization. **The letter of authorization must accompany this completed form.** Make it clear on the form where you want the review results mailed. We will only mail results to ONE address.

If the property to be reviewed is an income-producing property (e.g., apartment building, office building, shopping center, retail, warehouse, etc.), and you did not submit a statement of income and expense for calendar year 2004 to the Department of Real Estate Assessments when requested, we will not allow you or your representative to base your premise for review on income and expense information from calendar 2004.

This form is not for a hearing by the Board of Equalization. A separate form is available for that purpose. The Board of Equalization filing deadline is July 1 for assessments to effective January 1. **A pending review by the Department or appeal to the Board of Equalization does not change the due date for real estate taxes.**

MAILING ADDRESS:
Department of Real Estate Assessments
P.O. Box 178
Alexandria, Virginia 22313-1501

OFFICE LOCATION:
301 King Street, Room 2600
City Hall
Alexandria, Virginia 22314

Real estate assessments, property information, and sales information are available
on the web site at alexandriava.gov/realestate.

CONTACT INFORMATION:
703.838.4646 (Voice)
703.838.4576 (to request review form)
alexandriava.gov/realestate

2006 REQUEST FOR REVIEW OF REAL ESTATE ASSESSMENT
(For ONE parcel ONLY.)

Map No.	Block	Lot	<p align="center">For Office Use Only</p> <p>Local #: _____</p> <p>Initiated by: _____</p> <p>Neighborhood: _____</p> <p>Verification of AV's: _____</p> <p>Account Manager: _____</p> <p>Date assigned: _____</p> <p>Entered in Real Ware: <input type="checkbox"/> Date Entered: _____</p> <p>Appeal #: _____</p> <p>Authorization Required? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>2006 Written authorization submitted? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Revised Assessment / Local #</p> <p>Land: _____</p> <p>Building: _____</p> <p>Total: _____</p> <p>Local #: _____</p>
Databank No.	Date		
2005 ASSESSED VALUE			
Land	Building	Total	
2006 ASSESSED VALUE			
Land	Building	Total	

Name of Owner _____

Property Address _____

Mailing Address (if different than property address) _____

I, (we), hereby apply for a review of assessment for the following reasons:

Please explain (use additional sheets if necessary): _____

State your opinion of the Fair Market Value as of January 1, 2006. \$ _____ ☐ Entered

I (we), the undersigned, hereby verify that the information given is correct to the best of my (our) knowledge.

Signature Owner / Agent

Signature Owner / Agent

Print Name Owner / Agent

Print Name Owner / Agent

Date: _____ Telephone: (work) (____) (home) (____)

Do you wish to have an appraiser:

Make a physical inspection of the property? ☐ yes ☐ no

OR

Contact you to discuss the current appraised value? ☐ yes ☐ no

I, (we), wish to have the results of the review mailed to: (check only one box)

☐ Property address

☐ Mailing address

☐ Other (Please provide address) _____